

CHAPTER 6

Enrollments

Enrolling

If a person is assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through this waiver, has been allocated a waiver slot, has Medicaid, and has met ICF/MR Level of Care; he/she is eligible to be enrolled in the Community Supports Waiver (pending slot availability).

Planning

The Community Supports Waiver includes an individual cost limit, which means that all services rendered to an individual during a fiscal year (July 1-June 30) **must not exceed** the individual cost limit amount. Because of this individual cost limit, it is essential that you discuss all options, services, and limitations of the waiver with the individual/responsible party to make sure that the waiver is appropriate BEFORE enrolling. Poor planning and budgeting can cause an individual to reach the cost limit before the end of the year. DDSN has developed the **Supports Planning Worksheet** as a tool to help with planning and calculating an individual's budget. It can be found on the DDSN website www.ddsn.sc.gov. Be mindful that thirty (30) calendar days without a service is grounds for disenrollment. Individuals who are enrolled after the fiscal year has started are allowed to spend a prorated amount of the individual cost limit based on the number of months remaining in that fiscal year.

Actual enrollment occurs when the person's status on SCDHHS's Medicaid Management Information System (MMIS) is updated to reflect Community Supports Waiver enrollment. The effective date of the enrollment will be:

1. the day the person is discharged from an ICF/MR (as shown on the HHSFC Form 181); **OR**
2. the date on which Medicaid eligibility is established; **OR**
3. the day after a person is disenrolled/terminated from another Home and Community Based Waiver (i.e., CLTC's Community Choices Waiver or MR/RD Waiver) as noted on **Community Supports Form 18**); **OR**
4. the day after Community Long Term Care stops authorizing Children's PCA services/State Plan Nursing (note: this date must be negotiated with CLTC staff using **Community Supports Form 18**); **OR**
5. the day the person is discharged from the hospital (if entering the waiver immediately following a hospital admission); **OR**
6. the day the enrollment request is sent to SCDHHS for processing.

No waiver services can be authorized prior to the effective date of enrollment.

To become enrolled, the Waiver Enrollments Coordinator (See Attachment 2), who is responsible for processing all enrollments, must receive appropriate information. This information includes the **Notice of Slot Allotment (Community Supports Form 5)** completed by the District I Waiver Coordinator, **SCDHHS Form 118A** completed by Waiver Enrollments Coordinator and SCDHHS Eligibility Worker, **Level of Care (Form 9)**, which is sent to the Enrollments Coordinator by the Consumer Assessment Team and a **Form 181** if the person is being discharged from an ICF/MR. The **Form 181** is usually sent by the Regional Center Claims and Collections Office.

Before Community Supports Waiver services can be authorized and received, the potential recipient must be eligible for Medicaid. The SC Department of Health and Human Services Eligibility Division (SCDHHS) makes the determination of Medicaid eligibility.

SCDHHS/SCDDSN has, in each region of the State, designated a Medicaid Eligibility Worker who works specifically with people who receive services through SCDDSN's ICF/MR, Community Supports Waiver, MR/RD Waiver, PDD Waiver and HASCI Waiver. These offices are located at our four regional centers, Midlands Center (Richland County), Pee Dee Center (Florence County), Coastal Center (Dorchester County), and Whitten Center (Laurens County). These workers are available to help through the Medicaid eligibility process and to determine the best possible eligibility category. A list of the Regional DHHS Medicaid Eligibility Workers is included in this chapter (see **Attachment 3**). They are responsible for all counties in their designated regions.

When the individual has been awarded a Community Supports Waiver slot, the District I Waiver Coordinator will complete the **Notice of Slot Allotment (Community Supports Form 5)** and forward it to the Waiver Enrollments Coordinator. The Waiver Enrollments Coordinator will notify the DHHS Eligibility Worker via the **SCDHHS Form 118 A**. You will also receive a fax copy of the **Community Supports Form 5**, which is the notification of waiver slot award.

- If the potential recipient is **not Medicaid eligible**, the Medicaid Eligibility Worker will contact you and the individual/legal guardian to obtain the information needed to complete the application for Medicaid. You should assist the potential recipient to complete the application and return it to the Medicaid Eligibility Worker as soon as possible.

Please note: establishing Medicaid eligibility is a lengthy process. The process may take in excess of 90 days to complete, but not to exceed 120 days.

- Once determined, SCDHHS will notify the potential recipient and SCDDSN's Waiver Enrollments Coordinator in writing of the decision. If determined eligible, the eligibility will be effective the first day of the month in which the application was submitted. For example, you may be notified in April that a potential recipient was determined eligible. If the application for the recipient was submitted on January 20, eligibility will likely be effective January 1.
- If the potential recipient is deemed **not eligible** for Medicaid, the Waiver Enrollments Coordinator will delete the request for waiver enrollment once notification from DHHS/Eligibility is received.

The Waiver Enrollment Coordinator will notify you when an individual is ready to be enrolled. The individual will have thirty (30) calendar days from the date the Waiver Enrollment Coordinator sends the notification to be enrolled into the Waiver. If the individual is not enrolled within thirty (30) calendar days, the Waiver Enrollments Coordinator will delete the enrollment record. You will be notified by the Enrollments Coordinator that the record has been deleted and you will complete and document the **Notice of Termination of Request for Community Supports Waiver Enrollment (Community Supports Form 10)**. You will send the form to the individual/ legal guardian along with the appeals process. If the individual/legal guardian wishes to reapply for Community Supports Waiver Services a new **Community Supports Waiver Slot Allocation Request (Community Supports Form 30)** must be submitted.

If all enrollment requirements are met, the Waiver Enrollments Coordinator will notify you via the **Certification of Enrollment/Disenrollment Form (HCB Form 13)** of the enrollment date. Nevertheless, SCDHHS is responsible for completing the actual enrollment transaction on MMIS. Once this is done, the Waiver Tracking System will show an “E” under ENINS. Upon receipt of the **Certification of Enrollment/Disenrollment Form (HCB Form 13)** or when the Waiver Tracking System indicates an “E” under ENINS, complete the individual’s budget, add it to the Waiver Tracking System, obtain approval, and begin authorizing services.

Please note: If for some reason during the enrollment process, the individual/legal guardian decides that they no longer wish to pursue Community Supports Waiver service and enrollment, they must complete the **Statement of Individual Declining Waiver Services (Community Supports Form 20)**. This form should be signed and dated by you along with the individual/legal guardian unless the procedures for a **Non-Signature Declination** are followed. A copy must be forwarded to the District I Waiver Coordinator at Whitten Center. A copy should be provided to the individual and the original placed in the individual’s file (see chapter 3). If the individual/legal guardian makes this decision after the enrollment process is completed, the **Notice of Disenrollment (Community Supports Form 17)** must be completed. Please refer to Chapter 7 for instructions regarding disenrollments.

If the enrollee is currently enrolled in another Home and Community Based Waiver, receiving Children’s PCA or receiving State Plan Nursing, you must provide the Waiver Enrollments Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children’s PCA Services/State Plan Nursing. **However, do not proceed with negotiating this date with CLTC until you have verified that the individual is ready to transition.** This must be done by consulting the Waiver Enrollments Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the **Memorandum of Confirmation of Transition (Community Supports Form 18)**. The original is sent to the CLTC Case Manager and copies are sent to the Waiver Enrollments Coordinator and the DHHS Medicaid Eligibility Worker (See **Attachment 4** of this section for form and instructions).

Non-Signature Declinations

When you are unable to locate parent/legal guardian or parent/legal guardian has been non-responsive and you are unable to obtain the signature of the individual/legal guardian to signify their declination of waiver services, you must:

- Document in the case file the specific dates when you tried to contact the family. Notes must carefully document if a message was left or a conversation with the parent took place. You

should ensure that calls are made on multiple days at varying times and during times the file indicates someone would typically be at home.

- After four (4) telephonic correspondences to no avail, the record should reflect that a certified, return receipt letter was sent. The content of the letter should clearly explain what issues need to be resolved and a deadline to respond. A copy of this letter must be in the file.
- If, after the above attempts, there is still no response, you must send a second certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process, and a statement that the case will be closed in the next ten (10) calendar days if no appropriate response is received.

If the above steps have been taken, the Statement of Individual Declining Waiver Services can be processed without an individual/legal guardian's signature.

Re-Enrolling Into The Community Supports Waiver After The Slot Has Been Held From The Previous Year

To re-enroll a Community Supports Waiver individual who has had his/her slot held from the previous year, the procedures for obtaining a new **Support Plan, Freedom of Choice Form (Community Supports Form 1)**, **Acknowledgement of Rights and Responsibilities Form (Community Supports Form 2)**, and **Level of Care** re-determination must be followed. If the individual meets ICF/MR Level of Care, the individual will be re-enrolled back into the waiver. If the individual **does not** meet Level of Care, follow the procedures outlined in **Chapter 5 (ICF/MR Level of Care)**.

NOTE: All items must be acquired within 365 days of the date previously completed forms.

Waiver Enrollments Coordinator:

Celesa Williams
Whitten Center
P.O. Office Box 239
Clinton, SC 29325
(864) 938-3292
Fax (864) 938-3302
e-mail: cwilliams@ddsn.sc.gov

State Coordinator for Community Supports Waiver:

Michelle Abney
3440 Harden Street Ext.
P.O. Box 4706
Columbia, SC 29240
(803) 898-9703
fax: (803) 898-9660
e-mail: mabney@ddsn.sc.gov

District II Waiver Coordinator:

Mary Griddine
Midlands Center
8301 Farrow Road
Columbia SC 29203
(803) 935-6720
fax: (803) 935-6170
e-mail: mgriddine@ddsn.sc.gov

District I Waiver Coordinator:

Vicki H. Coleman
Whitten Center
P.O. Office Box 239
Clinton, SC 29325
(864) 938-3520
fax: (864) 938-3435
e-mail: vcoleman@ddsn.sc.gov

SCDHHS Regional Medicaid Eligibility Workers:**Midlands Region:**

Abbie Thomas
Midlands Center
8301 Farrow Road
Columbia, SC 29203
(803) 935-5922
Fax: (803) 935-6170

Lloyd McClay
Midlands Center
8301 Farrow Rd
Columbia, SC 29203
(803) 935-5922

Richland Aiken
Lexington Newberry
Kershaw York

Fairfield
Calhoun
Chester/Lancaster

Piedmont Region:

Jennifer Cain
Whitten Center
P.O. Office Box 239
Clinton, SC 29325
(864) 938-3129
Fax: (864) 938-3115
E-mail: Cainjp@scdhhs.gov

Robin Austin
Whitten Center
P.O. Office Box 239
Clinton, SC 29325
(864) 938-3200
Fax: (864) 938-3115

Anderson Pickens
Cherokee Emerald Multi-County
Greenville Laurens

Oconee
The Charles Lea Center (Spartanburg)
Union

Coastal Region:

Sandra Greene
Coastal Center
9995 Miles Jamison Road
Summerville, SC 29485
(843) 821-5887
Fax: (843) 821-5889
E-mail: Greenesl@scdhhs.gov

Allendale Colleton
Bamberg Dorchester
Barnwell Hampton

Beaufort
Berkeley
Charleston

Jasper
Orangeburg

Pee Dee Region:

Lisa McCarty
Pee Dee Center
714 National Cemetery Road
Florence, SC 29502
(843) 664-2707
fax: (843) 664-2730
e-mail: McCartyL@scdhhs.gov

Chesterfield Georgetown
Clarendon Horry
Darlington Lee

Florence Sumter
Marion/Dillon Williamsburg
Marlboro

Community Supports Waiver

Notice of Slot Allotment

Date:

Individual:

SSN:

Medicaid #:

SC/EI/District Office Rep:

Provider:

Chosen Service Coordination Provider:

The above referenced individual has been awarded a Community Supports Waiver slot. The Service Coordinator/Early Interventionist/District Office Representative should proceed with determination of Freedom of Choice. Once the Freedom of Choice form is completed, prepare the Community Supports Waiver Level of Care packet according to instructions located in Chapter 5 of the Community Supports Waiver Manual. The Level of Care packet should be forwarded to the Consumer Assessment Team located at 8301 Farrow Road; Columbia, SC 29203-3294.

District I Waiver Coordinator or designee

Date

Original: File

Copies: Enrollment Coordinator, District Rep/SC/EI,
Service Coordination Provider (if applicable), & CAT

**INSTRUCTIONS FOR TRANSITIONING FROM A COMMUNITY LONG TERM CARE
(CLTC) MEDICAID PROGRAM (COMMUNITY CHOICES WAIVER OR CHILDREN'S PCA),
SCDDSN HASCI WAIVER, SCDDSN PDD WAIVER OR SCDDSN MR/RD WAIVER TO
THE SCDDSN COMMUNITY SUPPORTS WAIVER**

When transitioning a recipient from a CLTC Medicaid Program or Medicaid Waiver such as the Community Choices Waiver, Mechanical Vent Waiver, HIV/AIDS Waiver or Children's PCA/Nursing, it is important that the person seeking to enter the Community Supports Waiver maintain Medicaid eligibility.

To prevent an interruption of Medicaid services, coordination with the CLTC Case Manager, the provider(s) of service, and the Waiver Enrollments Coordinator is needed **prior** to any change. In order to maintain uninterrupted Medicaid eligibility, the Medicaid Eligibility Worker must be informed of the Community Supports Waiver enrollment date and the recipient's ICF/MR Level of Care date to properly update the recipient's information.

For a smooth transition of Medicaid programs to occur, the following steps should be taken:

1. You must verify with the Waiver Enrollments Coordinator that the individual is ready to transition from Children's PCA/Nursing or other Home and Community Based Waiver. Once this has been verified, the Service Coordinator/Early Interventionist must contact the CLTC case manager to **discuss** the services being received **and determine** an agreeable transition date for the Medicaid service(s) to end and for the waiver services to begin. The Community Supports Waiver enrollment date will be the day after termination from the CLTC program to avoid a break in service.
2. You must contact the Waiver Enrollments Coordinator (Attachment 2) to verify that the agreed upon transition date is acceptable to allow for proper completion of all enrollment requirements. Once the Waiver Enrollments Coordinator states that all enrollment processes are complete, then you may complete the **Memorandum of Confirmation of Transition (Community Supports Form 18)**.
3. You must send the **Memorandum of Confirmation of Transition (Community Supports Form 18)** to:
 - the CLTC Case Manager/Nurse as verification of the waiver transition date;
 - the Waiver Enrollments Coordinator;
 - the DHHS Medicaid Eligibility Worker; and
 - retain a copy in the individual's file.
4. The CLTC Case Manager/Nurse, after coordinating the termination date of the CLTC Medicaid service(s) with you, will terminate the recipient from the specific service and the Medicaid program.

NOTE: CLTC policy prohibits retroactive terminations.

**Notification of Termination of Request for
Community Supports Waiver Enrollment**

Individuals Name: _____

Social Security Number: ____ - ____ - ____

The individual listed above will not enroll into the Community Supports Waiver due to:

- ☐ Individual has been admitted into an ICF/MR or Nursing Facility
- ☐ Individual has been determined not eligible for Medicaid by SCDHHS
- ☐ Consumer was not enrolled within thirty (30) calendar days of notification
- ☐ Other: _____

Service Coordinators Signature

Date

APPEALS PROCESS IS ATTACHED

Original: Individual/ Legal Guardian and District I Waiver Coordinator
Copy: File

SCDDSN RECONSIDERATION PROCESS AND SCDHHS MEDICAID APPEALS PROCESS

The SC Department of Disabilities and Special Needs (SCDDSN) is responsible for the day-to-day operations of the Mental Retardation/Related Disability (MR/RD) Waiver, the Community Supports (CSW) Waiver, the Head and Spinal Cord Injury (HASCI) Waiver and the Pervasive Development Disorder (PDD) Waiver. A request for reconsideration of an adverse decision **must be** sent in writing to the State Director at SCDDSN, P. O. Box 4706, Columbia, SC 29240. The SCDDSN reconsideration process **must be** completed in its entirety before seeking an appeal from the South Carolina Department of Health and Human Services (SCDHHS).

A formal request for a reconsideration must be made in writing within thirty (30) calendar days of receipt of written notification of the adverse decision. The request must state the basis of the complaint, previous efforts to resolve the complaint and the relief sought. The reconsideration request must be dated and signed by the individual, representative, or person assisting the individual in filing the request. If necessary, staff will assist the individual in filing a written reconsideration.

Note: In order for waiver benefits/services to continue during the reconsideration/appeal process, the individual/representative's request for reconsideration must be submitted within ten (10) calendar days of the written notification of the adverse decision. If the adverse action is upheld, the individual/representative may be required to repay waiver benefits received during the reconsideration/appeal process.

The State Director or his designee shall issue a written decision within ten (10) working days of receipt of the written reconsideration request and shall communicate this decision to the individual/representative. If the State Director upholds the original adverse action/decision, the reason(s) shall be specifically identified in the written decision.

If the individual/representative fully completes the above reconsideration process and is dissatisfied with the results, the individual/representative has the right to request an appeal with the SCDHHS. The purpose of an administrative appeal is to prove error in fact or law. The individual/representative must submit a written request to the following address no later than thirty (30) calendar days from the receipt of the SCDDSN written reconsideration decision.

Division of Appeals and Hearings
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The individual/representative must attach copy of the written reconsideration notifications received from the SCDDSN regarding the specific matter on appeal. In the appeal request the individual/representative must clearly state with specificity, which issue(s) the individual/representative wishes to appeal.

Unless the request is made to the above address within thirty (30) calendar days of the receipt of the SCDDSN written reconsideration decision, the SCDDSN decision will be final and binding. An appeal request is considered filed at the above address if postmarked by the thirtieth (30th) calendar day following receipt of the SCDDSN written reconsideration decision. The individual/representative shall be advised by the SCDHHS Division of Appeals and Hearings as to the status of the appeal request.

COMMUNITY SUPPORTS WAIVER
MEMORANDUM OF CONFIRMATION OF TRANSITION

TO:

Community Long Term Care Caseworker

Community Long Term Care Caseworker Telephone Number

DHHS Medicaid Eligibility Worker

FROM:

Service Coordinator/Early Interventionist

DATE:

RE:

Individual's Name

Individual's Medicaid #

Individual's Social Security #

This memorandum is to verify that Medicaid services through:

- ☐ Community Long Term Care's (CLTC) Community Choices Waiver
- ☐ Children's PCA/Nursing
- ☐ Community Long Term Care's (CLTC) Mechanical Ventilator Waiver
- ☐ Community Long Term Care's (CLTC) HIV/AIDS Waiver

will end on _____ and Community Supports Waiver services will begin on _____ as we have discussed. This individual was determined to meet ICF/MR Level of Care on _____
(Effective date from Certification Letter)

Copies To: CLTC Case Manager, DHHS Medicaid Eligibility Worker, Waiver Enrollments Coordinator & File

COMMUNITY SUPPORTS Form 18

Please Type or Print

MEMORANDUM OF CONFIRMATION OF TRANSFER

DATE: _____

TO: _____

Service Coordination/Early Intervention Supervisor from Receiving DSN Board/Provider

DSN Board/Provider

FROM: _____

Service Coordination/Early Intervention Supervisor from Current DSN Board/Provider

DSN Board/Provider

RE: _____

Waiver Recipient

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Recipient's Medicaid #

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Recipient's Social Security #

EFFECTIVE DATE OF TRANSFER:

Below are the Community Supports Waiver services that the recipient has been receiving:

- ☐ Respite Services
- ☐ Adult Day Health Care
- ☐ Assistive Technology
- ☐ Day Activity
- ☐ Employment Services
- ☐ Career Preparation
- ☐ Community Services
- ☐ Support Center Services

- ☐ Personal Care Services
- ☐ Psychological Services
- ☐ In-Home Support Services
- ☐ Adult Day Health Care-Nursing
- ☐ Adult Day Health Care-Transportation
- ☐ Private Vehicle Modifications
- ☐ Environmental Modifications
- ☐ Behavior Support Services

Comments: _____

Service Coordination/Early Intervention Supervisor's Signature

Date